

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 21, 2003

Re: IRO Case # M2-03-1409-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 40-year-old female who injured her back while lifting a heavy object on ___. She first sought treatment on 9/3/02, when x-rays of the cervical, thoracic and lumbar spine were taken and found to be normal, and she was given a pain injection and medication. The patient began chiropractic treatment on 9/11/02. Treatment was daily for approximately four months. EMG/NCS on 10/24/02 were normal. An MRI of the lumbar spine on 10/25/02 revealed L5-S1 left paracentral disk herniation. On a 12/11/02 FCE the patient demonstrated lifting capacity at the sedentary physical demand level. On 3/31/03 a diagnosis of facet strain was made.

and facet injections were suggested. The patient continued daily chiropractic care until approximately five months post injury, and then twice weekly for about three times per week, and one to two times a week thereafter. An FCE on 5/24/03 demonstrated a no work capacity physical demand level.

Requested Service(s)

Work conditioning program 5x week for 4 weeks

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

Despite extensive physical therapy treatment, the patient has been unable to work. There has been no documented improvement in her condition. An FCE on 12/11/02 demonstrated lifting capacity at a sedentary physical demand level, and an FCE 5/24/03 demonstrated a no work capacity level. An evaluation on 6/16/03 noted symptom magnification. From the records provided for this review, it cannot be expected that the patient will benefit from a work conditioning program. The patient's MRI did show disk herniation at L5-S1, and one physician recommended facet injections. No further documentation regarding this was provided. It is possible that the patient might benefit from further medical intervention if herniation or facet joints are shown to be pain generators.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**
The party appealing this decision shall deliver a copy of its written request for a hearing to all
other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent
Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via
facsimile or US Postal Service from the office of the IRO on this 22nd day of July 2003.